

FILED NOV 15 1944
Registration District No. _____

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4380^a Maryland av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Cecelia Marie Winder

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harley E. Winder 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 8, 1908
(Month) (Day) (Year)

8. AGE: Years 36 Months 7 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace East St. Louis, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Martin Bornez

13. Birthplace Indianapolis, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Anna Stier

15. Birthplace Indianapolis, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. Hughes

(b) Address 5914 Eglar Ave

17. (a) (b) Date thereof 11-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Bernard Cem. Belleville, Ill.

18. (a) Signature of funeral director Spas A. Buller

(b) Address 4452 Washington Pl.
NOV 7 1944 (c) Registrar's signature J. F. Bredeck

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4380^a Maryland av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1944 hour _____ minute 10 P. M.

21. I hereby certify that I attended the deceased from June 20
1944 to Nov 7 1944
that I last saw him alive on Nov 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Breast
St. Carcinomatosis

Due to _____

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place)
Means of injury _____

23. Signature Robert J. Farrell (M. D. or other)
Address 624 N. Union Date signed 11/6/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Howard F. Rowland*.....

Licensed Embalmer No. *3114*.....

P.O. Address: *01 Harris Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.